

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE WATERS OF SMYRNA, LLC

**202 ENON SPRINGS ROAD EAST
SMYRNA, TN 37167**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 410	<p>1200-8-6-.04(5) Administration</p> <p>(5) The facility shall make reasonable efforts to safeguard personal property and promptly investigate complaints of such loss. A record shall be prepared of all clothing, personal possessions and money brought by the resident to the nursing home at the time of admission. The record shall be filled out in duplicate. One copy of the record shall be given to the resident or the resident's representative and the original shall be maintained in the nursing home record. This record shall be updated as additional personal property is brought to the facility.</p> <p>This Rule is not met as evidenced by: Based on facility policy review, medical record review, Inventory of Personal Effects form review, and interview, the facility failed to complete a record of residents personal belongings on admission for 9 of 25 residents' medical records reviewed in 1 of 3 nurse's stations.</p> <p>The findings included:</p> <p>Review of facility policy, Admission of Resident, dated 9/2008 revealed an "...itemized account of valuables, clothing and prosthetic devices on the admission nurse's notes..." will be completed.</p> <p>Medical record review for 9 residents revealed the facility failed to complete or lacked the residents' personal property inventory record.</p> <p>Review of facility document, Inventory of Personal Effects, dated 7/1995 revealed a two-part duplicate form for listing resident belongings and prosthetic devices. The form was to be completed and signed on admission and discharge by the</p>	N 410		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 416	<p>Continued From page 2</p> <p>state of Tennessee, to any law enforcement agency, or to any other legally authorized entity; and/or</p> <p>3. Supply a fingerprint sample and submit to a state criminal history records check to be conducted by the Tennessee Bureau of Investigations, or a state and federal criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation; and/or</p> <p>4. Release any information required for a criminal background investigation by a professional background screening organization or criminal background check service or registry.</p> <p>This Rule is not met as evidenced by: Based on employee record review and interview, the facility failed to document reference checks for 4 employees (#2, #3, #4, #5) of 6 employee records reviewed.</p> <p>The findings included:</p> <p>Review of employee records revealed Employee #2 was hired on 2/13/17 and had no reference checks documented.</p> <p>Continued review of employee records revealed Employee #3 was hired on 4/30/17 and had no reference checks documented.</p>	N 416		

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N 416	<p>Continued From page 3</p> <p>Further review of employee records revealed Employee #4 was hired on 2/24/17 and had no reference checks documented.</p> <p>Continued review of employee records revealed Employee #5 was hired on 1/18/17 and had no reference checks documented.</p> <p>Further review of employee records revealed the Director of Nursing (DON) was completing the reference checks; dating them as 5/17/17; and stating she had checked reference prior to hire.</p> <p>Interview with the DON and Assistant DON (ADON) on 5/17/17 at 4:00 PM at the 100/200 hall nurses' station, confirmed the reference checks had not been documented as completed before hire.</p>	N 416		

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N 410	Continued From page 1 resident and/or representative with the original white form given to the resident, and the duplicate canary [yellow] form to remain with the residents clinical record. Interview with Licensed Practical Nurse (LPN) #1 on 5/17/17 at 1:34 PM, at the A-wing nurse's station confirmed "...no completed personal property form in the medical records for 9 of 25 charts..." Interview with LPN #2 on 5/17/17 at 2:11 PM, at the C-wing nurse's station confirmed the facility failed to ensure the personal property forms were completed on admission and again on discharge by the admitting nurse or discharge nurse on duty.	N 410		
N 416	1200-8-6-.04(11)(a) Administration (11) Prior to employment, all nursing homes shall complete a criminal background check on any person ho will be in a position which involves providing direct care to a resident or patient. (a) Any person who applies for employment in a position which involves providing direct patient care to a resident in such a facility shall consent to: 1. Provide past work and personal references to be checked by the nursing home; and/or 2. Agree to release and use of any and all information and investigate records necessary for the purpose of verifying whether the individual has been convicted of a criminal offense in the state of Tennessee, to either the nursing home or its agent, to any agency that contracts with the	N 416		